

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

**1 PLACE OF DEATH**  
County Montgomery 5046

Village or City Oakland (No. ....)

**2 FULL NAME**

Bob Beckman

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**Registered No. 173

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
(Write the word)

**6 DATE OF BIRTH** Apr 2, 1913  
(Month) (Day) (Year)

**7 AGE**  
yrs. 0 mos. 0 ds. 0  
If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

**8 OCCUPATION**  
(a) Trade, profession, or  
particular kind of work  
None  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
None

**9 BIRTHPLACE**  
(State or country) Montgomery Co., Md

**10 NAME OF FATHER** Russel T. Beckman

**11 BIRTHPLACE OF FATHER**  
(State or country) Montgomery Co., Md

**12 MAIDEN NAME OF MOTHER** Eva Forman

**13 BIRTHPLACE OF MOTHER**  
(State or country) Wood

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) Russel T. Beckman  
(Address) Oakland Md

**15**  
Filed May 16, 1913 Harvey Brown  
S. Loeb  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Apr. 2, 1913  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**

Bob Beckman 1913 1913  
that I last saw him alive on Apr 2, 1913

and that death occurred on the date stated above, at 12:00 P.M.

The CAUSE OF DEATH was as follows:

Failure of mechanical heart

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) M.C. Dauphinais M.D.

Apr 2, 1913 (Address) Oakland

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Montgomery Co. **DATE OF BURIAL** Apr 3, 1913

**20 UNDERTAKER** D.E. Daedee **ADDRESS** Oakland Md

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

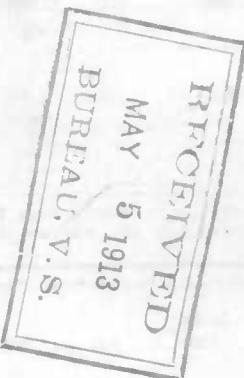
**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The particular worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*; *Carcinoma*. *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Abdominal," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, ns fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH		5047	151
County	Garrett		
Village or City	Gormania (No.)		
2 FULL NAME		Bickel	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	single
Male	White		
6 DATE OF BIRTH	April	19	1913
	(Month)	(Day)	(Year)
7 AGE	— yrs. 6 mos. 1 ds.	If LESS than 1 day, .... hrs. OR .... min. ?	
8 OCCUPATION	Seamstress alone		
(a) Trade, profession, or particular kind of work	Unknown		
(b) General nature of industry, business, or establishment in which employed (or employer)	alone		
9 BIRTHPLACE (State or country)	Md		
10 NAME OF FATHER	Unknown		
11 BIRTHPLACE OF FATHER (State or country)	Unknown		
12 MAIDEN NAME OF MOTHER	Sara Bickel		
13 BIRTHPLACE OF MOTHER (State or country)	Pa.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	W. G. Dinkwater		
(Address)	Gormania		
15	Filed April 20, 1913, Isaac W. Wetherby		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Beloit, Requesting V. S. No. 1			

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 167

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 18, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1913, to April 19, 1913,  
that I last saw him alive on April 18, 1913.

and that death occurred on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:

Paroxysmal Birth

(Duration) yrs. mos. ds.

Contributory (Secondary) yrs. mos. ds.

(Signed) W. G. Dinkwater, M. D.

April 19, 1913. (Address) Gormania, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Bonnie's Mill

20 UNDERTAKER

Thomas Hayes

DATE OF BURIAL

April 19, 1913

ADDRESS

Hayes

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

Association.]

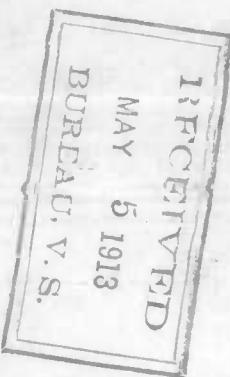
**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Singer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

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oma

*Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**1 PLACE OF DEATH**  
 County James 5048  
 Village or City near Mt. Carmel Pa (No.) 118

**2 FULL NAME** Perry Bittenger

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH								
<b>3 SEX</b> <u>Male</u>	<b>4 COLOR OR RACE</b> <u>White</u>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <u>Widowed</u>	<b>16 DATE OF DEATH</b> <u>April 26, 1913</u> (Month) (Day) (Year)	<b>17 I HEREBY CERTIFY, That I attended deceased from</b> <u>191</u> to <u>191</u> that I last saw him alive on <u>April 26, 1913</u> and that death occurred on the date stated above, at <u>8 P</u> m. The CAUSE OF DEATH* was as follows:								
<b>6 DATE OF BIRTH</b> <u>10 25, 1862</u> (Month) (Day) (Year)	<b>7 AGE</b> <u>50 yrs. 5 mos. 29 ds.</u>	<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>James - Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer)	<b>9 BIRTHPLACE</b> (State or country) <u>MD</u>	<b>10 NAME OF FATHER</b> <u>Sacramon Bittenger</u>	<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Unknown</u>	<b>12 MAIDEN NAME OF MOTHER</b> <u>Harriet Frantz</u>	<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Unknown</u>	<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>P. E. Bittenger</u> (Address) <u>near Mt. Carmel Pa MD</u>	<b>15</b> Filed <u>May 1st, 1913</u> Attest <u>Harold L. Jones</u> SACRAMON BITTENGER REGISTRAR	<b>16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b> At place of death <u>yrs. mos. ds.</u> In the State <u>yrs. mos. ds.</u> Where was disease contracted, if not at place of death? Former or usual residence.	<b>17 PLACE OF BURIAL OR REMOVAL</b> <u>18 DATE OF BURIAL</u> <u>1913</u>	<b>20 UNDERTAKER</b> <u>W. S. Baesler</u> <b>ADDRESS</b> <u>Oakwood</u>

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## CERTIFICATE OF DEATH

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RECEIVED	MAY 5 1913	BUREAU, V. S.
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1 PLACE OF DEATH County <i>Garrett</i>		5049	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Sang Run</i> (No.)		Registration Dist. No. <i>164</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <i>Lawrence Casteel</i>		St.;	Ward)	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	6 DATE OF BIRTH <i>Dec 10</i> , 1912 (Month) (Day) (Year)	
7 AGE yrs. <i>4</i> mos. <i>2</i> ds.	If LESS than 1 day.....hrs. OR.....min.?		16 DATE OF DEATH <i>April 12</i> , 1913 (Month) (Day) (Year)	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>None</i>			17 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw him alive on and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: <i>Not right in his mind seized the child was born</i>	
9 BIRTHPLACE (State or country) <i>Md. Garrett</i>			(Duration) yrs. mos. ds.	
10 NAME OF FATHER <i>Jess Casteel</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>Md. Garrett</i>				
12 MAIDEN NAME OF MOTHER <i>Ada Ferguson</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>Md. Garrett</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant <i>J. F. Frantz</i> (Address) <i>Sang Run Md.</i>				
15 Filed <i>April 13, 1913</i>	16 REGISTRAR <i>John S. Richter</i>		17 PLACE OF BURIAL OR REMOVAL <i>Sang Run</i> DATE OF BURIAL <i>April 13, 1913</i>	
18 20 UNDERTAKER <i>Susan Engelhart</i> ADDRESS <i>accident</i>				

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not *Paid Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the **disease causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

oma

oma, *Sarcoma*, etc., of (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic vascular heart disease*; *Obstructive interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state **means of injury** and **quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely**. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 30 1918

BUREAU, V. S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Garrett</i>		5050	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <i>Waver Park</i> (No.)		Registered No. <i>173</i>		
2 FULL NAME <i>Jennie Shaderton</i>		St. <i>Ward</i>		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH <i>July 2nd, 1877</i>		16 DATE OF DEATH <i>4 - 6 - 1913</i>		
7 AGE <i>35 yrs. 9 mos. 4 ds.</i>	If LESS than 1 day, <u>hrs.</u> <i>0</i> <u>OR</u> <u>min. ?</u> <i>0</i>		(Month) <i>4</i> (Day) <i>6</i> (Year) <i>1913</i>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Housewife</i>		17 I HEREBY CERTIFY, That I attended deceased from <i>act</i> 1910, to <i>4 - 6 - 1913</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Maryland</i>		that I last saw him alive on <i>4 - 6 - 1913</i>		
9 BIRTHPLACE (State or country) <i>Maryland</i>		and that death occurred on the date stated above, at <i>11:30 am</i> . The CAUSE OF DEATH* was as follows:		
10 NAME OF FATHER <i>Edwin Shaderton</i>		<i>Nephritis</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Maryland</i>		(Duration) <i>2 mos. 3 ds.</i>		
12 MAIDEN NAME OF MOTHER <i>Jennie Whitehead</i>		Contributory <i>Tuberculosis of Intestines</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>		(Duration) <i>6 mos. 0 ds.</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Wilfred Shaderton</i>				
(Address) <i>Waver Park, Md.</i>				
15 Filed <i>Apr 10th, 1913</i> <i>Harold Jones</i> Signature <i>Harold Jones</i> REGISTRAR				
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <i>yrs. mos. ds.</i> <i>0 0 0</i> In the State <i>yrs. mos. ds.</i> <i>0 0 0</i>				
Where was disease contracted, if not at place of death?				
Former or usual residence				
17 PLACE OF BURIAL OR REMOVAL <i>Waver Park</i>		DATE OF BURIAL <i>Apr 11, 1913</i>		
18 UNDERTAKER <i>W. B. Beck</i>		ADDRESS <i>Orchard</i>		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature or the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of ..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

MAY 5 1913

BUREAU, U. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County <i>Garrison</i>		5051	54
Village or City <i>Adams, W. Va.</i>		(No. ....)	
2 FULL NAME <i>Mary Elana Cosner</i>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	<i>Singer</i>
6 DATE OF BIRTH <i>April 4</i>		(Month) (Day) (Year) <i>, 1913</i>	
7 AGE <i>✓ yrs. ✓ mos. 14 ds.</i>		If LESS than 1 day, .... hrs. OR min. ?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>none</i>			
(b) General nature of industry, business, or establishment in which employed (or employer) <i>none</i>			
9 BIRTHPLACE (State or country) <i>Md. Garrison</i>			
10 NAME OF FATHER <i>W. H. Cosner</i>		11 BIRTHPLACE OF FATHER (State or country) <i>W. Va.</i>	
12 MAIDEN NAME OF MOTHER <i>Ella S. Anderson</i>		13 BIRTHPLACE OF MOTHER (State or country) <i>Md.</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>W. G. Driskill</i>			
(Address) <i>Garrison, W. Va.</i>		15 Filed <i>April 18, 1913</i> Isaac W. Abernathy	
REGISTRAR		16 PLACE OF BURIAL OR REMOVAL <i>Abernathy</i>	

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *167*

St. Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 18*  
(Month) (Day) (Year) *, 1913*

17 I HEREBY CERTIFY, That I attended deceased from  
*April 4th, 1913*, to *April 12th, 1913*,  
that I last saw her alive on *April 12th, 1913*,  
and that death occurred on the date stated above, at *7.9 a.m.*  
The CAUSE OF DEATH\* was as follows:

*Anemia - Diabetic*  
*No further information*  
*21.0*

(Duration) *✓ yrs. ✓ mos. 8 ds.*Contributory  
(Secondary)(Duration) *✓ yrs. ✓ mos. ds.*

(Signed) *W. G. Driskill*, M. D.  
April 18, 1913. (Address) *Garrison, W. Va.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death *✓ yrs. ✓ mos. ✓ ds.* In the State *✓ yrs. ✓ mos. ✓ ds.*Where was disease contracted,  
if not at place of death?Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Abernathy*

20 UNDERTAKER

DATE OF BURIAL

*April 19, 1913*

ADDRESS

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., or \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent death state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: "Accidental drowning"; *Struck by railway train*—accident; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED	MAY 5 1913
BUREAU, V. S.	

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1 PLACE OF DEATH County..... Village or City.....		5052	154	STATE OF MARYLAND CERTIFICATE OF DEATH	
Garrett				Registration Dist. No. 161	
Dang Run (No.)				St.:	Ward)
2 FULL NAME..... James Devitt		[If death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH July 2d, 1891 (Month) (Day) (Year)		16 DATE OF DEATH April 8, 1913 (Month) (Day) (Year)			
7 AGE 81 yrs. 9 mos. 6 ds.	If LESS than 1 day, hrs. OR min. ?		17 I HEREBY CERTIFY, That I attended deceased from		
8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... Farmer		that I last saw h..... alive on....., 191....., to....., 191..... and that death occurred on the date stated above, at..... m., The CAUSE OF DEATH* was as follows:			
9 BIRTHPLACE (State or country) West Virginia		No doctor in attendance Supposed to die of old age and general debility (Duration) yrs. mos. ds.			
10 NAME OF FATHER Henry Devitt		Contributory Secondary			
11 BIRTHPLACE OF FATHER (State or country) West Virginia		(Duration) yrs. mos. ds.			
12 MAIDEN NAME OF MOTHER Elizabeth Jackson		(Signed) Wm. H. Friend Local Reg'r, M. D.			
13 BIRTHPLACE OF MOTHER (State or country) Old Virginia		April 10, 1913 (Address) Friendsville Md.			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Louisa Devitt (Address) Dang Run Md.					
15 Filed April 10, 1913 3 Wm. H. Friend Local REGISTRAR		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence					
17 PLACE OF BURIAL OR REMOVAL Dang Run		DATE OF BURIAL April 10, 1913			
20 UNDERTAKER S. Savage		ADDRESS Friendsville Md.			

REVISED UNITED STATES STANDARD  
CEPTICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

**CERTIFICATE OF DEATH**

Association.

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"cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchomucumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Ataxia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*PUERPERAL septicæma*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the ~~data~~ ~~information~~ and must be obtained before the certificate is specifically filled.

MAY 2 1913

BUREAU, V. S.

Re-sent to be signed

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tubercu-*

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BUREAU, V. S.

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1 PLACE OF DEATH  
County *Garrett* 5053

Village or City *Sang Run* (No. *21*)

2 FULL NAME *had no Name* *Re Witt*

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *164*St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>female</i>	<i>White</i>	<i>Single</i>

6 DATE OF BIRTH	April 15	1913
	(Month)	(Day)
		(Year)

7 AGE	If LESS than 1 day, .... hrs. OR .... min. ?		
.... yrs.	mos. <i>14</i>	ds.	

8 OCCUPATION			
(a) Trade, profession, or particular kind of work.			
(b) General nature of industry, business, or establishment in which employed (or employer)			

9 BIRTHPLACE (State or country)	<i>Md</i>
------------------------------------	-----------

10 NAME OF FATHER	<i>Arthur DeWitt</i>
11 BIRTHPLACE OF FATHER (State or country)	<i>Md</i>
12 MAIDEN NAME OF MOTHER	<i>May Frank</i>
13 BIRTHPLACE OF MOTHER (State or country)	<i>Md</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant *F. J. Frank*

(Address) *Sang Run Md*

15 Filed *April 29, 1913* John S. Richter

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
*had no*, 1913, to *Physician*, 1913  
that I last saw *h* alive on *1913*, 1913

and that death occurred on the date stated above, at *m*,  
The CAUSE OF DEATH\* was as follows:

*Inward Spasm*

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) *John S. Richter, Local Registrar*  
May 31, 1913. (Address) *Accident, Md*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Sang Run* DATE OF BURIAL *April 30, 1913*

20 UNDERTAKER *Susan Engelhart* ADDRESS *Accident*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Tetanus," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement or cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
JUN 2 1913  
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH County.....		5054	6
Village or City.....		(No.)	6
2 FULL NAME.....			
Keltz Edward Green			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single
6 DATE OF BIRTH May	7 (Month)	8 (Day)	9 (Year) 9, 1912
10 AGE 11 yrs. 11	12 mos. 25	13 If LESS than 1 day, ____ hrs. 1 day, ____ hrs. min. ?	14
8 OCCUPATION (a) Trade, profession, or particular kind of work _____			
15 (b) General nature of industry, business, or establishment in which employed (or employer) _____			
9 BIRTHPLACE (State or country) Kitzmiller Md			
10 NAME OF FATHER William Green			
11 BIRTHPLACE OF FATHER (State or country) Kitzmiller Md			
12 MAIDEN NAME OF MOTHER Edith Warner			
13 BIRTHPLACE OF MOTHER (State or country) Elen Garden, W Va			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William Green 15 (Address) Kitzmiller Md			
Filed April 16, 1913		REGISTRAR	

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 172

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
April 15, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
Apr. 13, 1913, to Apr. 15, 1913,

that I last saw him alive on Apr. 14, 1913,

and that death occurred on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows:

Measles and Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory Pneumonia and Measles

Asphyxia (Duration) yrs. mos. ds.

(Signed) H.P. Copeland, M. D.

Apr. 16, 1913 (Address) Plains W Va

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL  
Elen Garden, W Va

DATE OF BURIAL  
April 17, 1913

20 UNDERTAKER

ADDRESS  
Bank & Kight Kitzmiller

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a.) *Spinner*, (b.) *Cotton mill*; (a.) *Salesman*, (b.) *Grocery*; (a.) *Foreman*, (b.) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Contracting*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Tranema," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

MAY 2 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County \_\_\_\_\_  
Village or City \_\_\_\_\_ (No. \_\_\_\_\_)

5055

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 173

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME \_\_\_\_\_

Maria Groves

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Widowed
6 DATE OF BIRTH		7 AGE
June 4th 1834		78 yrs. 10 mos. 19 ds.
(Month)	(Day)	11 LESS than 1 day, hrs. OR min. ?

6 OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE  
(State or country) Md

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER  
(State or country) Unknown

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Al Adoring  
(Address) Oakland, Md.

15 Filed May 16, 1913  
Hayward D. Jones  
Local REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23rd, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 22, 1913, to April 23, 1913, that I last saw her alive on April 23, 1913, and that death occurred on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH\* was as follows:

Obstruction of bowels

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Signed) J. W. M. Jones, M. D.  
April 23, 1913 (Address) Oakland, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
Oakland, Md. April 25th, 191320 UNDERTAKER  
D. B. Boedew  
ADDRESS  
Oakland, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Gastric*,

*oma*, *Sarcoma*, etc., of (name origin); "Carcinoma," "Sarcoma," etc., of (name origin); "Carcinoma" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malnutrition," "Old Age," "Shock," "Tremors," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sensitis*, *ictanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED	JUN 6 1913
BUREAU, V. S.	

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

## 1 PLACE OF DEATH

5056

County Garret

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registered No. 184

Village or City Accident, Md. (No.)

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME Sarah Hutzel

## PERSONAL AND STATISTICAL PARTICULARS

*SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
----------------	--------------------------	---

## 6 DATE OF BIRTH

July 29, 1859  
(Month) (Day) (Year)

7 AGE 53 yrs. 8 mos. 17 ds.	It LESS than 1 day, hrs. OR min.?
--------------------------------	---

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work  
House wife

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)  
House work

9 BIRTHPLACE  
(State or country)

Pennsylvania

## PARENTS

10 NAME OF  
FATHER

John Burkholder

11 BIRTHPLACE  
OF FATHER  
(State or country)

Pennsylvania

12 MAIDEN NAME  
OF MOTHER

Sarah Walters

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Pennsylvania

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Bowman

(Address) Accident Md.

## 15

Filed April 16, 1913

John L. Richter  
Local

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
April 15, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 13, 1913, to April 15, 1913, that I last saw her alive on April 13, 1913, and that death occurred on the date stated above, at 6 a.m. The CAUSE OF DEATH\* was as follows:

Chronic parenchymatous nephritis, Areteo-sclerosis and cardiac drppsy with uraemia towards the end, also had asthma (Duration) 2 yrs. mos. ds.

Contributory Unknown to me.  
(Secondary)

(Duration) -- yrs. -- mos. -- ds.  
(Signed) B. W. Briscoe, M.D.

April 15, 1913 (Address) Accident, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or  
usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Accident

## 20 UNDERTAKER

Sussan Engelhart

## DATE OF BURIAL

April 15, 1913

## ADDRESS

Accident Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Associated  
Health

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. —Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as "Day laborer," *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc., of ..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Dehility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mastitis," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as PROBABLY such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PROVED

APR 30 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH		5057
County	Garrett	
Village or City	Doddson Md	
2 FULL NAME. Infant Son of Mr & Mrs Howard Knight		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	white	Single
6 DATE OF BIRTH		7
April 5th, 1913		(Month) (Day) (Year)
8 AGE	9 yrs. — mos. 2	ds. OR min. ?
10 NAME OF FATHER	Howard Knight	
11 BIRTHPLACE OF FATHER (State or country)	West Virginia	
12 MAIDEN NAME OF MOTHER	Sallie Knight	
13 BIRTHPLACE OF MOTHER (State or country)	West Virginia	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Howard Knight		
(Address) Doddson Md		
15	Filed April 8, 1913	

If more blanks are needed, address State Regis. trar., 6 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 172

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH	April 7, 1913 (Month) (Day) (Year)	
I HEREBY CERTIFY, That I attended deceased from April 5th, 1913, to April 7, 1913,		
that I last saw him alive on April 7, 1913,		
and that death occurred on the date stated above, at 114.		
The CAUSE OF DEATH* was as follows:		
Convulsions		
(Duration) yrs. mos. 2 ds.		
Contributory (Secondary)		
(Duration) yrs. mos. one ds.		
(Signed) April 7, 1913 (Address) French & Shashoua, M. D. Plains, Md.		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death yrs. mos. 2 ds. In the State yrs. mos. ds		
Where was disease contracted, if not at place of death?		
Former or usual residence		
18 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
Cross, W. Va	April 8, 1913	
20 UNDERTAKER	ADDRESS	
Barnish & Knight	Titzmiller, Md.	

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

BOSTON, U. S.  
MAY 2 1913

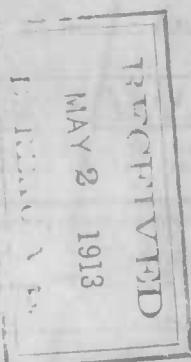
RECEIVED  
MAY 2 1913

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., or \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Inanitus," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tecnitis*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <u>Garrett</u>		5058	6 <i>Vol</i>	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City <u>Otaway</u>		(No.)	7	Registered No. <u>173</u>	
8 FULL NAME <u>Glenna Webster Keim</u>		8	9	St. <u>Ward</u> )	
[If death occurred in a hospital or institution, give its NAME instead of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	10 DATE OF DEATH <u>Apr. 7, 1913</u>	(Month)	(Day) (Year)
6 DATE OF BIRTH <u>June 4, 1897</u>			11	I HEREBY CERTIFY, That I attended deceased from <u>Nov., 1912</u> to <u>April 7, 1913</u>	
7 AGE <u>15 yrs. 9 mos. 3 ds.</u>			If LESS than 1 day, yrs. <u>0</u>	that I last saw deceased alive on <u>April 7, 1913</u>	
8 OCCUPATION <u>School Day</u>			OR min. ?	and that death occurred on the date stated above, at <u>11 a.m.</u> m.	
(a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Espeepay</u>			(Duration) <u>7 yrs. — mos. — ds.</u>		
9 BIRTHPLACE (State or country) <u>Md</u>			Contributory (Secondary) <u>N. J. Brundage</u>		
10 NAME OF FATHER <u>Sam. Keim</u>			(Duration) <u> yrs. — mos. — ds.</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Pa</u>			(Signed) <u>N. J. Brundage</u> M. D.		
12 MAIDEN NAME OF MOTHER <u>Amy King</u>			Date <u>Apr. 7, 1913</u> (Address) <u>Oakland Md</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Md</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Sam. Keim</u>					
(Address) <u>Otaway Md</u>			15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death <u> yrs. — mos. — ds.</u>			In the State <u> yrs. — mos. — ds.</u>		
Where was disease contracted, if not at place of death?					
Former or usual residence.					
16 PLACE OF BURIAL OR REMOVAL <u>Oakland Md.</u>			DATE OF BURIAL <u>4-9, 1913</u>		
Filed <u>May 16, 1913</u> <u>Haney L. Jones</u> Social REGISTRAR			20 UNDERTAKER <u>S. E. Dasher</u>		
ADDRESS <u>Oakland Md</u>					

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetanitis," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED
JUN 6 1913
BUREAU, V. S.

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1 PLACE OF DEATH Garrett 5059  
County \_\_\_\_\_

Village or City Oakland (No. \_\_\_\_\_)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. 173

St. \_\_\_\_\_ Ward \_\_\_\_\_

[If death occurred in a hospital or institu-  
tional, give its NAME instead  
of street and number.]2 FULL NAME Fannie Margaret Newman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, MARRIED, Married  
WIDWED, DIVORCED, WIDWED, DIVORCED, Widowed  
(Write the word)

## 6 DATE OF BIRTH

May 3, 1865  
(Month) (Day) (Year)

## 7 AGE

47 yrs. 11 mos. 25 ds. If LESS than  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work Music Teacher  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE  
(State or country)

Garrett Co Md

## PARENTS

10 NAME OF  
FATHER

Chas Ophelkin

11 BIRTHPLACE  
OF FATHER  
(State or country)

Garrett Co Md

12 MAIDEN NAME  
OF MOTHER

Ada Best

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Maryland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas J. Newman

(Address)

Oakland Md

## 15

Filed May 20, 1913 Wm. W. Jones  
Local Registrar

74

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

April 22, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Dec. 1912, to April 22, 1913  
that I last saw her alive on Apr. 22, 1913.

and that death occurred on the date stated above, at 8 a.m.  
The CAUSE OF DEATH\* was as follows:

Heart Disease

(Duration) yrs. mos. ds.  
Contributory Auto Accid (Grounded)  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) M. C. Dumbayagh M.D.  
May 7, 1913 (Address) Darwood

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted,  
If not at place of death?

Former or  
usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Darwood

## DATE OF BURIAL

April 24, 1913

## 20 UNDERTAKER

D. E. Boldeau

## ADDRESS

Darwood

# REVISED UNITED STATES STANDARD

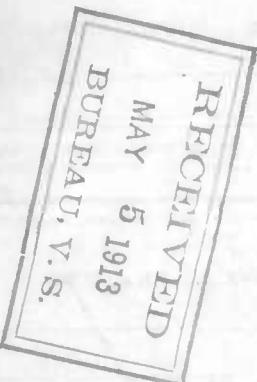
## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcinoma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.s.**; *Bronchopneumonia* (secondary), **10 d.s.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traenæmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scrosis*, *ictus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH County <i>Grantville</i>		5060
Village or City <i>Garrett</i>		(No. <i>15</i> )
2 FULL NAME <i>Harold Rosh</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> (Write the word)
6 DATE OF BIRTH <i>Apr 9, 1913</i> (Month) (Day) (Year)		
7 AGE — yrs. — mos. — ds.	If LESS than 1 day, <i>1/12</i> hrs. OR <i>00</i> mto. ?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>None</i>		
(b) General nature of Industry, business, or establishment in which employed (or employer) <i>None</i>		
9 BIRTHPLACE (State or country) <i>Grantville Md</i>		
10 NAME OF FATHER <i>Simon Rosh</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>None</i>		
12 MAIDEN NAME OF MOTHER <i>Harriet Wiley</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>None</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant <i>Simon Rosh</i> (Address) <i>Grantville Md</i>		
15 Filed <i>191</i>		

If more blocks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH		
Registration Dist. No. <i>162</i>		
St.; <i>Ward</i> )		
[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH <i>Apr 9, 1913</i> (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ..... 191..., that I last saw h ..... alive on ..... 191..., and that death occurred on the date stated above, at ..... m., The CAUSE OF DEATH* was as follows:		
<i>Was not strong enough to survive, no special cause known Had no physician</i> (Duration) yrs. mos. ds.		
Contributory (Secondary)		
<i>H. H. Rosh and Register</i> (Signed) <i>H. H. Rosh and Register</i> Apr 10, 1913. (Address) <i>Grantville Md</i> (Duration) yrs. mos. ds.		
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR REMOVAL <i>Rosh Farm</i>		
DATE OF BURIAL <i>Apr 11, 1913</i>		
20 UNDERTAKER <i>J. P. H. C. Miller</i>		
ADDRESS <i>Grantville Md.</i>		

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED	MAY 5 1913
BUREAU, V. S.	

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1 PLACE OF DEATH  
County *Garrison*

5061

Village or City *Oakland* (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *175*St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Ernest A. Shartzer*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the word)

6 DATE OF BIRTH *Feb. 26, 1879*  
(Month) (Day) (Year)

7 AGE *34 yrs. 1 mos. 29 ds.* If LESS than  
1 day, .... hrs.  
OR min. ?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work *Merchandise dealer*  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(State or country) *Maryland*

10 NAME OF FATHER *John Shartzer*

11 BIRTHPLACE OF FATHER  
(State or country) *Maryland*

12 MAIDEN NAME OF MOTHER *Sadie A. Boyer*

13 BIRTHPLACE OF MOTHER  
(State or country) *Maryland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *John Shartzer*

(Address) *Oakland, Md*

15 Filed *May 16, 1913* St. Alary L. Jones  
Signature *Ernest A. Shartzer* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 25, 1913*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb. 26, 1913*, to *Apr. 25, 1913*,

that I last saw him alive on *Apr. 25, 1913*

and that death occurred on the date stated above, at *home* m.

The CAUSE OF DEATH\* was as follows:

*Calculus heart disease*

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Signed) *H. W. Thomas* (Duration) yrs. mos. ds.  
*May 13, 1913* (Address) *Oakland, Md*, M. D.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

*Oakland, Md* DATE OF BURIAL *Apr. 27, 1913*

20 UNDERTAKER

*S. B. Baldwin* ADDRESS *Oakland, Md*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

### American Public Health

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma, Sarcoma, etc., of \_\_\_\_\_ (name origin; "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUN 6 1913
BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Garrett</i>		5062	STATE OF MARYLAND CERTIFICATE OF DEATH			
Village or City <i>Swallow Falls</i> (No.)			Registered No. <i>173</i>			
St. <i>Q2</i> Ward			[If death occurred in a hospital or institution, give its NAME instead of street and number.]			
FULL NAME <i>William Taylor Lines</i>						
PERSONAL AND STATISTICAL PARTICULARS						
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i> (Write the word)	16 DATE OF DEATH <i>April 1, 1913</i>			
6 DATE OF BIRTH <i>Feb. 14, 1849</i>		(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <i>July 20, 1913</i> to <i>April 1, 1913</i> .			
7 AGE <i>64 yrs. 1 mo. 18 ds.</i>		If LESS than 1 day.....hrs. OR.....min.?	that I last saw him alive on <i>March 29, 1913</i> and that death occurred on the date stated above, at _____ m.			
8 OCCUPATION <i>Farmer</i>						
(a) Trade, profession, or particular kind of work						
(b) General nature of industry, business, or establishment in which employed (or employer) <i>by general labor</i>						
9 BIRTHPLACE (State or country) <i>Garrett Co.</i>						
10 NAME OF FATHER <i>William Lines</i>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
11 BIRTHPLACE OF FATHER (State or country) <i>West Virginia</i>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.				
12 MAIDEN NAME OF MOTHER <i>Eliza Johnson</i>		Where was disease contracted, if not at place of death?				
13 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>		Former or usual residence				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Samuel Lines</i>						
(Address) <i>Lines Md.</i>		19 PLACE OF BURIAL OR REMOVAL <i>near. Swallow Falls.</i>				
15 Filed <i>May 6, 1913</i> <i>Hannah L. Jones</i> <i>Local Registrar</i>		DATE OF BURIAL <i>April 4, 1913</i>				
20 UNDERTAKER <i>Fries &amp; Lines</i>						ADDRESS <i>Lines Md.</i>
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., requesting V. B. No. 1.						

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Panter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocer*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mähriger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma

Sarcoma

etc. of (name origin; "Oancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED	JUN 6 1913	BUREAU, V. S.
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1 PLACE OF DEATH <i>Garrison</i>		5063
County <i>Baltimore</i>		154
Village or City <i>Bethany</i>		(No.)
2 FULL NAME <i>Peter Stark</i>		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>
6 DATE OF BIRTH <i>Feb 2</i>		(Month) (Day) (Year) <i>Feb 2 1829</i>
7 AGE <i>84 yrs. 2 mos. — ds.</i>		If LESS than 1 day, hrs. OR min. ?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Farmer</i>		
8 OCCUPATION (b) General nature of industry, business, or establishment in which employed (or employer) <i>Farmer</i>		
9 BIRTHPLACE (State or country) <i>Germany</i>		
10 NAME OF FATHER <i>John Stark</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Ireland</i>		
12 MAIDEN NAME OF MOTHER <i>Catharine Lewis</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Not Known</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>John Brown</i>		
(Address) <i>Jennings Md</i>		
15 Filed....., 191.....		

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistered No. *162*

St: ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
*April 2nd, 1913*

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 2nd, 1913* to *March 29, 1913*, that I last saw him alive on *March 5, 1913*, and that death occurred on the date stated above, at *3:30 a.m.* The CAUSE OF DEATH\* was as follows:

*Atrophy of Stomach*

(Duration) *2* yrs. *0* mos. *0* ds.Contributory  
(Secondary) *Sensitivity*(Duration) *0* yrs. *0* mos. *0* ds.(Signed) *P. C. Bauer*, M. D.  
*April 30, 1913* (Address) *Glenelg, Md.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL  
*New Germany, Md*DATE OF BURIAL  
*Apr 3, 1913*20 UNDERTAKER  
*J. P. H. C. Miller*ADDRESS  
*Glenelg, Md*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

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APR 5 1913

BUREAU, V. S.